

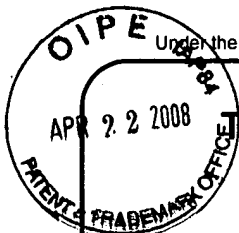
04-24-09

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number

10/070,587

Filing Date

July 10, 2002

First Named Inventor

Leszek Wojnowski

Art Unit

1642

Confirmation No. 7615

Examiner Name

Brandon J. Fetterolf

Attorney Docket Number

VOS-30

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b> The Director is authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075 (Order No. 106153-0004-101). A duplicate copy of this Transmittal is enclosed herewith.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ropes & Gray LLP		
Signature	<i>Jane T. Gunnison</i>		
Printed name	Jane T. Gunnison		
Date	April 22, 2008	Reg. No.	38,479

## CERTIFICATE OF EXPRESS MAIL -Express Mail Label No. EM 014766786 US

I hereby certify that this correspondence is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" under 37 C.F.R. §1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop Amendment.			
Signature	<i>Sarah Schlie</i>		
Typed or printed name	SARAH SCHLIE	Date	April 22, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

### Complete If Known

Application Number 10/070,587  
 Filing Date July 10, 2002  
 First Named Inventor Leszek Wojnowski  
 Examiner Name Brandon J. Fetterolf  
 Art Unit 1642  
 Attorney Docket No. VOS-30

TOTAL AMOUNT OF PAYMENT \$ 510.00

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 06-1075 (Order No. 106153-0004-101) Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
<u>                  </u> - 20 or HP = <u>                  </u> x <u>                  </u> = <u>                  </u>		<u>Fees Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
<u>                  </u> - 3 or HP = <u>                  </u> x <u>                  </u> = <u>                  </u>		<u>Fees Paid (\$)</u>
HP = highest number of independent claims paid for, if greater than 3		

<u>Fee (\$)</u>	<u>Fee (\$)</u>
<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>                  </u>	<u>                  </u>

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50=	(round up to a whole number) x		

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): Three-Month Petition for Extension of Time 510.00

#### SUBMITTED BY

Signature Jane T. Gunnison Registration No. 38,479 Telephone (212) 596-9000  
 (Attorney/Agent)  
 Name (Print/Type) Jane T. Gunnison Date: April 22, 2008

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